

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  
**09/423**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		1			53						
4		2		1			54						
5		2		1			55						
6		①		1			56						
7		①		1			57						
8		①		1			58						
9		①		1			59						
10		①		1			60						
11		①		1			61						
12		1		1			62						
13	1		1				63						
14		1		1			64						
15							65						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		2		2			TOTAL IND.						
TOTAL DEP.		12		12			TOTAL DEP.						
TOTAL CLAIMS		14		14			TOTAL CLAIMS						